REZI WANITADLE COLI

PATENT APPLICATION FEE DETERMINATION RECORD

| <u></u> |
|------------------------------|
| Application or Docket Number |
| 09/467387 |
| 420 380 |

| Effective November 10, 1998 | | | | | | | | | | | | (1) | |
|---|---|----------|---------------------------------|---------------|-------|--|--------------------|-----------------|-------------------|------------------------|-----------------|-------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY TYPE | | | OTHER THAN OR SMALL ENTITY | |
| FOR | | | NUMB | R FILED | | NUMBER | EXTRA | RAT | Ē | FEE | 1 | RATE | FEE |
| ВА | SIC FEE | | | | | | | | | 380.00 | OR | | 760.00 |
| TC | TAL CLAIMS | | minus 20= * | | | | | X\$ 9 |)= | | OR | X\$18= | 90 |
| INDEPENDENT CLAIMS minus 3 = * | | | | | | > | X39 | - | | OR | X78= | Colo | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | = | | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTA | ĬĻ. | | OR | TOTAL | 1000 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMA | LLI | ENTITY | OR | OTHER SMALL | |
| AMENDMENT A | | REM. | AIMS AINING TER IDMENT | | PR | HIGHEST NUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATI | E | ADDI- TIONAL FEE | - | RATE | ADDI- TIONAL FEE |
| | Total | • 1 | 7 | Minus | ** | 20 | = | X\$ 9 | = | | OR | X\$18= | |
| | Independent FIRST PRESE | * | 4 | Minus | SEND | S ENT CLAIM | = | X39= | • | | OR | X78= | |
| ; | FIRST PRESE | NIAIIU | N OF MI | JULIPLE DE | PEND | ENT COAIM | | +130 | | go ann | OR [.] | +260= | |
| | • | | | · · | 18. | <u>-</u> | | TO1 | | | OR | TOTAL ADDIT. FEE | · · |
| | | | | 6-10-C | | olumn 2) | (Column 3) | | | 1 | | | |
| AMENDMENT B | | REM. | AIMS AINING TER DMENT | | PR | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | 10 | RATE | ADDI- TIONAL FEE |
| | Total | . 1 | 7 | Minus | ** | 20 | = | X\$ 9 | = | · | OR | X\$18= | |
| | Independent FIRST PRESE | * | U/ | Minus | PEND | 5 ENT CLAIM | 3 | X39= | | | OR | X78= | _ |
| - | FIRST FRESC | HINIO | N OF WA | JETIFEE DE | LINO | Litti OBain | | +130= | | | OR | +260= | |
| | | | <u> </u> | | | | | TOT ADDIT. F | | | OR. | TOTAL ADDIT. FEE | |
| | | (Colu | ımn 1) | | (C | olumn 2) | (Column 3) | | | | | | |
| AMENDMENT C | | REM. | AIMS AINING TER DMENT | 100 | PR | IIGHEST IUMBER EVIOUSLY AID FOR | PRESENT EXTRA | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | | Minus | ** | | = | X\$ 9- | | | OR | X\$18= | |
| | Independent | • | | Minus | *** | | e e | X39= | 1 | | | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | ┥ | | OR | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | | |
| ** | If the "Highest Nu | mber Pre | wlousiy Pa | aid For IN TH | S SPA | CE is less tha | in 20, enter "20." | ADDIT. FI | | | OR , | TOTAL ADDIT: FEE | |
| - | "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE | | | | | | | | | | | | |